

# Lung Cancer Summit 2014

## Summary Report

### Clinician-led meeting identified opportunities for improving outcomes and care for Victorian lung cancer patients

Lung cancer is one of the deadliest cancers with only 15% of Victorians surviving five years from the diagnosis.

The lung cancer [summit](#), held on Friday 14<sup>th</sup> November 2014, was a gathering of around [60 multidisciplinary clinicians](#) providing care to lung cancer patients across Victoria. In addition to clinicians, representatives from key organisations with an interest in improving cancer care attended the event, namely the Department of Health, Cancer Australia, Cancer Council Victoria and Victorian Integrated Cancer Services (ICS).



*Professor Bob Thomas opening the event*

Professor Robert Thomas, Chief Cancer Advisor Department of Health, opened the event highlighting the importance of clinical networks to drive state-wide improvements in cancer care and outcomes. Professor Thomas introduced the newly published [Optimal Care Pathway](#) for people with lung cancer. The pathway identifies critical care points from prevention to the end-of-life stage and recommended care at each point of the journey.

Associate Professor Paul Mitchell, Director of North Eastern Melbourne Integrated Cancer Services, welcomed the participants, outlining the purpose of the day – **identifying opportunities for improving outcomes and the organisation of care** for Victorians diagnosed with lung cancer. Paul called for participants to think practically and to identify actions that can be achieved by clinicians and the existing clinical networks.

Professor David Ball, Chair of the Lung Summit Working Party, [presented](#) available data about the current state of lung cancer care and outcomes in Victoria. A [summary of key measures](#) was made available to participants for a quick reference. For the first time, the data was compiled from multiple sources including the linked Victorian Cancer Registry and hospital data set, Victorian Lung Cancer Registry, Victorian Radiotherapy Minimum Dataset and the Department of Health Indicator Audit. The purpose of the presented data was not to provide definitive answers about the state of care but to stimulate discussion and inform conversations on the day.

A lively discussion ensued about potential gaps and geographical variations in care and outcomes for lung cancer. For example, a suggestion was made to further investigate outcomes in hospitals with low volumes of major lung surgery and the difference in tissue diagnosis between some ICS. Other questions were raised such as the lack of consensus on measures for timeliness of diagnosis and treatment, how to measure the quality of multidisciplinary treatment planning meetings and differences in the rates of adjuvant chemotherapy for NSCLC.

#### Lung cancer care in Victoria presentation highlights:

- Significant variation in five year survival between regional and metropolitan residents with lung cancer
- Difference in the likelihood of receiving a tissue diagnosis across different ICS
- Some data suggests timeliness of diagnosis and treatment is an issue
- Low volumes of major lung surgery in a number of Victorian health services
- Sixty eight percent of lung cases discussed at lung multidisciplinary treatment planning meetings
- Variation in rates of adjuvant chemo across ICS
- Underutilisation of radiation therapy
- Low and variable uptake on formalised supportive care screening

Ms Caroline Nehill, General Manager, Service Development and Clinical Practice, summarised the [Lung Cancer Project](#), the national effort to improve lung cancer survival. Caroline informed the participants about current projects including the development and marketing of [GP guidelines](#) for early symptom recognition and referral to lung specialists. This is an important initiative given that more than 50 percent of lung patients present with stage IV cancer at diagnosis.



Caroline Nehill & Professor David Ball

With the assistance of the facilitators the participants were given the task of identifying opportunities for improvements. A big thank you to clinical champions who moderated small group discussions and reported to plenary.

Based on the feedback to plenary [a list of main opportunities](#) for improvement and discussion points was compiled. Highlighted red were the opportunities prioritised as most important which were further workshopped in the afternoon. The task of narrowing down a long list to a few of most important opportunities was a challenge. However, with a bit of help from the facilitators [suggested actions and first steps](#) were identified for the seven most pressing opportunities.



If you wish to contribute contact [Mirela Matthews](#)

Many participants raised the need for more data to be available to clinicians to inform change in practice. Some suggested that a multidisciplinary treatment planning meeting is an opportune moment to capture variables important for evaluating the quality of care and outcomes.



Linking with a current project to develop a common regional multidisciplinary treatment planning meeting software could provide an avenue for monitoring agreed care variables across the state. Better utilisation of existing data and tracking of MBS funded care elements such as PET CT was also suggested. Data from the Victorian Lung Cancer Registry and various audits at individual health services and ICS could also be part of a multipronged solution to a more integrated approach to data for improvement.

### 1. Identifying the actions and agreeing first steps

The following seven opportunities were identified as most important to work on:

1. Improve patient access to lung specialists
2. Improve quality of diagnosis and staging for lung cancer patients
3. Improve access and timeliness to treatment
4. Better and earlier access to palliative care
5. Better engagement with general practitioners
6. Equitable access to allied health
7. Consensus on best practice model for lung multidisciplinary treatment

### Next steps

Based on this summary a state-wide plan of action for state-wide lung cancer care improvements will be presented to the [Victorian Integrated Cancer Services Network](#) in early 2015.